REPORT OF CHAI	$oldsymbol{NGE}$ $oldsymbol{FORM}$ for the month $_$	CALENI	DAR YEAR
A: NAME: Provide the currer will be reporting change(s):	nt AND complete name for the license, r	egistration, certification	on or business for which you
Address	City	State	ZIP
	OR CERTIFICATION NUMBER:		
	MBER: Provide the valid tax identification	number for the licens	e, registration, or
certification number for which			
FEIN	or SSN		
SIGNATURE:	IANGES: (Signature is required) SIGNER:	DATE	TLE:
 NAME CHANGE: I BUSINESS NAME TO:_ DBA	Indicate any change(s) in name or corpora	ate status in the space	e provided:
	SS: CHANGE TO:		
	COUNTY S		
511011	FAX		
	WEBSITE_		

3. BUSINESS LICENSE CATEGORY (IES) ADDING; Indicate desired addition to BUSINESS License category (ies) **ADDING AN ADDITIONAL CATEGORY IS \$140.00 FEE PER CATEGORY.**

CHECK IF DESIRED	CATEGORY	DESCRIPTION
	1	Agricultural Pest Control
	2	Forest Pest Control
	3	Ornamental, Turf Pest Control and Interior Landscape
	4	Seed Treatment
	5	Aquatic Pest Control
	6	Right-Of-Way Pest Control
	7	Industrial, Institutional, Structural, and Health-Related Pest Control

THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY

<u>FEE</u>	CODE	TRANSACTION #	RECEIPT DATE	CHECK #	PBL#	CATEGORIES	<u>ENTRY</u>	EFF DATE	EXP DATE	INITIALS	PROCESS DATE
	BL										
	UA										

4.	principal address in equipment are sto	BUSINESS LOCATION CHANGE: To add or remove a location address OTHER than the icated in Section #2 above. (Location is where records are kept, where pesticides and d, and from which customers are served.) When adding location/address, provide the removing location/address, provide removal date. Please provide name of commercial of the location.
	·	Removal Date
	DBA Name	
Α	ADDRESS	
C	CITY	COUNTY STATE ZIP
	PHONE	FAX

5. PARTNER, OFFICER, OR PESTICIDE APPLICATOR CHANGE: To report a change, provide the following information and check the correct Staff Code. **NOTE: to add a new Pest Control Technician, use separate form KPL-700** entitled "Pest Control Technician Registration Application." Please ensure correct social security number and birth date are provided for each partner, officer, or applicator. **When adding provide employ date. When removing, provide termination date.** IF ADDING NEW UNCERTIFIED APPLICATOR(S), SUBMIT FEES WITH THIS FORM. THE UNCERTIFIED FEE IS \$15.00 FOR EACH UNCERTIFIED APPLICATOR.

EMPLOY	<u>TERM</u>	STAFF CODE	CERT REG #	SSN	<u>BIRTH</u>	NAME	HOME ADDRESS	PHONE
<u>DATE</u>	DATE	(Check appropriate box)		, <u> </u>	<u>DATE</u>	(Last, First, Middle	(Street, City, State, Zip)	
						Int.)		
		PARTNER/OFFICER						
		CERT APP						
		UNCERT APP						
		REG TECH						
		PARTNER/OFFICER						
		CERT APP						
		UNCERT APP	1					
		REG TECH	1					
		PARTNER/OFFICER						
		CERT APP						
		UNCERT APP						
		REG TECH						
		PARTNER/OFFICER						
		CERT APP						
		UNCERT APP						
		REG TECH						
		PARTNER/OFFICER						
		CERT APP						
		UNCERT APP						
		REG TECH						

6. **AIRCRAFT CHANGE:** Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the Kansas Dept of Agriculture. Decal(s) will not be issued until all licensing requirements are met. Decals are not transferable. To add or remove aircraft equipment, provide the following information:

EFF DATE	REMOVE DATE	<u>DECAL</u>	FAA "N" NUMBER	MAKE	MODEL	PICLORAM	
		<u>NUMBER</u>				<u>ENDORSEMENT</u>	
						YES NO	
						YES NO	
						YES NO	